638 NORTH BROAD STREET FIXHORN 53121

OOO NORTH DROAD STREET			
ELKHORN 53121 Phone: (262) 723-4963	3	Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	56	Average Daily Census:	45
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	55. 4 32. 1
Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	10. 7	More Than 4 Years	12. 5
Day Services	No	Mental Illness (Org./Psy)	23. 2	65 - 74	16. 1		
Respite Care	No	Mental Illness (Other)	10. 7	75 - 84	33. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	37. 5	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.8	95 & 0ver	1.8	Full-Time Equivaler	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	8. 9		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 7	65 & 0ver	89. 3		
Transportati on	No	Cerebrovascul ar	7. 1	⁻		RNs	9. 2
Referral Service	No	Di abetes	8. 9	Sex	%	LPNs	7. 1
Other Services	No	Respi ratory	3. 6		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	25. 0	Male	33.9	Aides, & Orderlies	27. 7
Mentally Ill	No			Femal e	66. 1		
Provide Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)		Other]	Pri vate Pay			Family Care			Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	2. 6	125	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 8
Skilled Care	10	100. 0	236	35	92. 1	108	0	0.0	0	8	100.0	127	0	0.0	0	0	0.0	0	53	94. 6
Intermediate				2	5. 3	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Venti l ator- Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	10	100.0		38	100.0		0	0.0		8	100.0		0	0.0		0	0.0		56	100. 0

HOLTON MANOR

Deaths During Reporting Period Percent Admissions from: Percent Admissions from: Private Home/No Home Health Private Home/With Home Health Private Home/W	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01									
Percent Admissions from: Private Home/No Home Health										
Private Home/No Home Health 5.7 Daily Living (ADL) Independent One Or Two Staff Dependent Residents Private Home/With Home Health 1.1 Bathing 1.8 75.0 23.2 56 Other Nursing Homes 0.0 Dressing 10.7 69.6 19.6 56 Acute Care Hospitals 83.0 Transferring 33.9 58.9 7.1 56 Psych. HospMR/DD Facilities 1.1 Toilet Use 21.4 53.6 25.0 56 Rehabilitation Hospitals 3.4 Eating 66.1 23.2 10.7 56										
Private Home/With Home Health 1. 1 Bathing 1. 8 75. 0 23. 2 56 Other Nursing Homes 0. 0 Dressing 10. 7 69. 6 19. 6 56 Acute Care Hospitals 83. 0 Transferring 33. 9 58. 9 7. 1 56 Psych. Hosp MR/DD Facilities 1. 1 Toilet Use 21. 4 53. 6 25. 0 56 Rehabilitation Hospitals 3. 4 Eating 66. 1 23. 2 10. 7 56										
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0.1 T .+										
Other Locations 5. 7 **********************************	***									
Total Number of Admissions 88 Continence % Special Treatments %										
Percent Discharges To: Indwelling Or External Catheter 1.8 Receiving Respiratory Care 0.0										
Private Home/No Home Health 10.1 Occ/Freq. Incontinent of Bladder 50.0 Receiving Tracheostomy Care 0.0										
Private Home/With Home Health 13.9 Occ/Freq. Incontinent of Bowel 19.6 Receiving Suctioning 0.0										
Other Nursing Homes 5.1 Receiving Ostomy Care 3.6										
Acute Care Hospitals 22.8 Mobility Receiving Tube Feeding 1.8										
Psych. HospMR/DD Facilities 0.0 Physically Restrained 0.0 Receiving Mechanically Altered Diets 42.9										
Rehabilitation Hospitals 0.0										
Other Locations 15.2 Skin Care Other Resident Characteristics										
Deaths 32.9 With Pressure Sores 1.8 Have Advance Directives 87.5										
Total Number of Discharges With Rashes 0.0 Medications										
(Including Deaths) 79 Receiving Psychoactive Drugs 44.6										

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

********************************** Ownership: Bed Size: Li censure: 50-99 Skilled Al l Thi s Nonprofit Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 75.6 92.7 0.82 86. 4 0.87 85.8 0.88 84. 6 0.89 Current Residents from In-County 82. 1 74.5 1. 10 69. 6 1. 18 69. 4 1. 18 77. 0 1.07 Admissions from In-County, Still Residing 29.5 27.9 1.06 19. 9 1.49 23. 1 1.28 20.8 1.42 Admissions/Average Daily Census 195.6 95. 2 2.05 133. 4 1.47 105.6 1.85 128. 9 1.52 Discharges/Average Daily Census 175.6 95. 2 1.84 132. 0 1.33 105. 9 130.0 1.35 1.66 Discharges To Private Residence/Average Daily Census 42.2 31.4 1.34 49.7 0.85 38. 5 1. 10 **52.8** 0.80 Residents Receiving Skilled Care 96. 4 91.4 1.05 90.0 1.07 89.9 1.07 85.3 1.13 Residents Aged 65 and Older 89. 3 97.3 0.92 94. 7 0.94 93. 3 0.96 87. 5 1.02 Title 19 (Medicaid) Funded Residents 67.9 64. 2 1.06 68.8 0.99 69.9 0.97 68. 7 0.99 Private Pay Funded Residents 29.6 22.2 22.0 14. 3 0.48 23. 6 0.61 0.64 0.65 Developmentally Disabled Residents 0.0 0. 7 0.00 1.0 0.00 0.8 7. 6 0.00 0.00 Mentally Ill Residents 33.9 36. 0 0.94 36. 3 0.93 38. 5 0.88 33. 8 1.00 General Medical Service Residents 25. 0 21.3 21. 1 1. 18 21. 2 1.18 19. 4 1. 29 1. 17 49.3 Impaired ADL (Mean) 45.7 49.0 0.93 47. 1 0.97 46. 4 0.99 0.93 Psychological Problems 44.6 50. 2 0.89 49. 5 0.90 52.6 0.85 51. 9 0.86 Nursing Care Required (Mean) 6.3 7. 5 0.83 6. 7 0. 93 7.4 0.84 7. 3 0.85